MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 51132

APPLICANT(S)

FILING DATE

(703) 305-8421

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1		1			
2		1			1	
3		1			1	
4		0			1	
5		2			1	
6		3			1	
7		0			1	
8	1		1			
9	1		1			
10	1		1			
11		1			1	
12		1			1	
13		5			1	
14		0			1	
15		0			1	
16		0			1	
17		0			1	
18		3			1	
19		0			1	
20		0			1	
21		0				
22	1		1			
23		1			1	
24		1			1	
25		1				
26		1			1	
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49						
50						
TOTAL IND.	5		5			
TOTAL DEP.	22		22			
TOTAL CLAIMS	31		27			

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO - 1360 (REV. 11/01)

U.S. DEPARTMENT of COMMERCE